

Name in Full

Certificate of Death

Peter Barnes

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 16

Age 28

- -

Prince George Maryland Labor

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

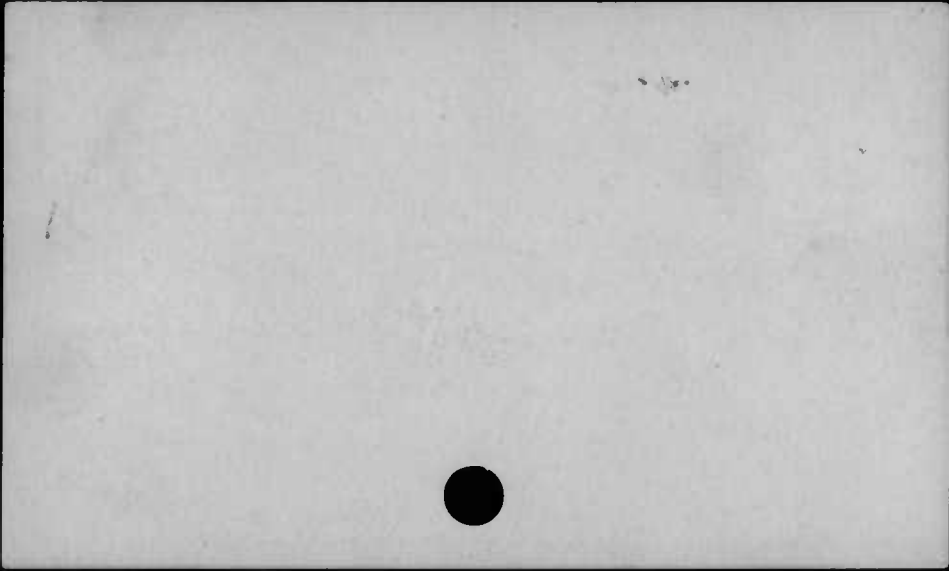
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7620



Name
in
Full

William Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Proctor</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>5</i>	Age <i>55</i>	Years <i>5</i>	Months <i>-</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Prince Georges</i>	
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Barnes</i>			Father's Birthplace <i>Prince Georges</i>		
Mother's Maiden Name <i>Margaret Campbell</i>			Mother's Birthplace <i>Prince Georges</i>		
Name of person giving information <i>George Busine</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Alcoholism</i>	How long
Immediate <i>Exposure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley</i>
	Address <i>Piscataway, N.J.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brookland</i>		Town		<i>P. H.</i>		County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>26</i>	Years <i>11</i>	Months	Days				
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Brookland Md.</i>						
Married, Single or Widowed <i>Single</i>			Occupation <i>Dom.</i>						
Name of Wife or Husband									
Father's Name <i>Pinkney Barton</i>					Father's Birthplace <i>Bowie Md.</i>				
Mother's Maiden Name <i>Fannie Matthews</i>					Mother's Birthplace <i>Chillicothe Md.</i>				
Name of person giving information <i>Pinkney Barton</i>					How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Infection</i>	How long <i>2 1/2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Dunsall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Nora Brookbank

CERTIFICATE OF DEATH

Died at ^{Town} Hyattsville Md. ^{County} Prince George

MARYLAND

Date of death 1903 ^{Month} April ^{Day} 4 ^{Years} 19 ^{Months} — ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} Maryland~~Married, Single~~ ~~or Widowed~~ Single ^{Occupation}

Name of Wife or Husband

Father's Name Joseph S Brookbank

Father's Birthplace Maryland

Mother's Maiden Name Emily H. Davis

Mother's Birthplace Maryland

Name of person giving information Joseph S. H. Brookbank

How related to deceased Brother

CAUSES OF DEATH

Primary Pneumonia

How long 5 days in bed
6 - about 6 months ago

Immediate Tuberculosis Pulmonum

How long Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Chasaurus

Address

Hyattsville Md

X

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bludensburg

Name in Full		Dorothy May Brower				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Westphalia</i> ^{Town}		<i>R. Geo</i> ^{County}		MARYLAND	
		Date of death 190 <i>3</i>		Month <i>Apr</i>		Day <i>4</i>	
		Age <i>1</i>		Years <i>—</i>		Months <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Westphalia</i>	
		Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Harry W. Brower</i>		Father's Birthplace <i>P.R.C. Md</i>			
		Mother's Maiden Name <i>Gittings</i>		Mother's Birthplace <i>Wash D.C.</i>			
Name of person giving information <i>H.W. Brower</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH <i>79</i>							
PHYSICIAN OR CORONER		Primary <i>Deep Cold</i>		How long <i>2 dys</i>			
		Immediate <i>Valvular disease of heart</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. A. Griffith</i>		Address <i>Upper Marlboro Md</i>	
		Accident or Suicide? <i>—</i>					



Name
in
Full

Elisabeth Brown

CERTIFICATE OF DEATH

Died at ^{Town} Dorroville ^{County} Prince Georges

MARYLAND

Date of death 1903 April 2 Age 61 Months Days

Sex Female Color or Race white Birth-place Md.

Married, Single or Widowed Widow Occupation

Name of Wife or Husband D. J. Brown

Father's Name John D. Beale

Father's Birthplace Md.

Mother's Maiden Name

Mother's Birthplace

Name of person giving information R O Moore 179

How related to deceased Son in law

CAUSES OF DEATH

Primary Complication of disease How long 2 years

Immediate How long

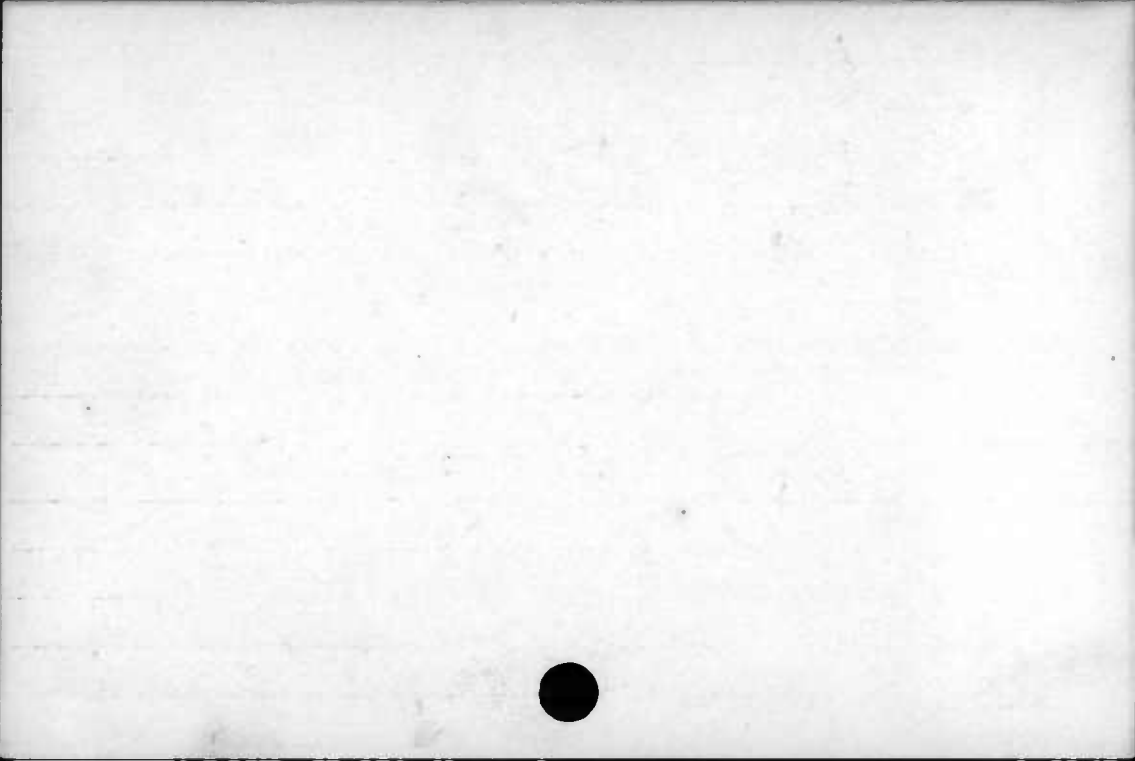
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician John E. Sawbury

Address Dorroville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Fanny Barry Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryans Point</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>22</i>	Age <i>56</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Prin. Georges</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>James Southern Bryan</i>					
Father's Name <i>David Barry</i>			Father's Birthplace <i>P. Geo</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased <i>6</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles & Acute Bronchitis</i>	How long <i>9 days</i>
Immediate <i>Septicemia</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Lally M.D.</i>
	Address <i>Prin. Georges</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Stillborn girl
 near Riggs Farm
 Town County Prince Geo.
 Maryland
 Died at
 Date 1903 Apr 4
 Age Stillborn mo
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Emmett M Burrell
 Mother's Maiden Name Bettie Gardner

Cause of Death { Primary Immediate }
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah J Keutler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wattling home</i> Town		<i>P. G.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>9</i>	Years <i>83</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Ethiopian</i>	Birth-place <i>Westward rd</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>None at time of death</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Dennis E. Ford</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Don't know</i>
Immediate <i>Uremia Convulsion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crown road</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Still Born

Town

County

Died at

Hyattsville

Prince George's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Apr 23

Age

Stillborn

MD

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Genier Chas

Mother's Name

Mary Jane Chas

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

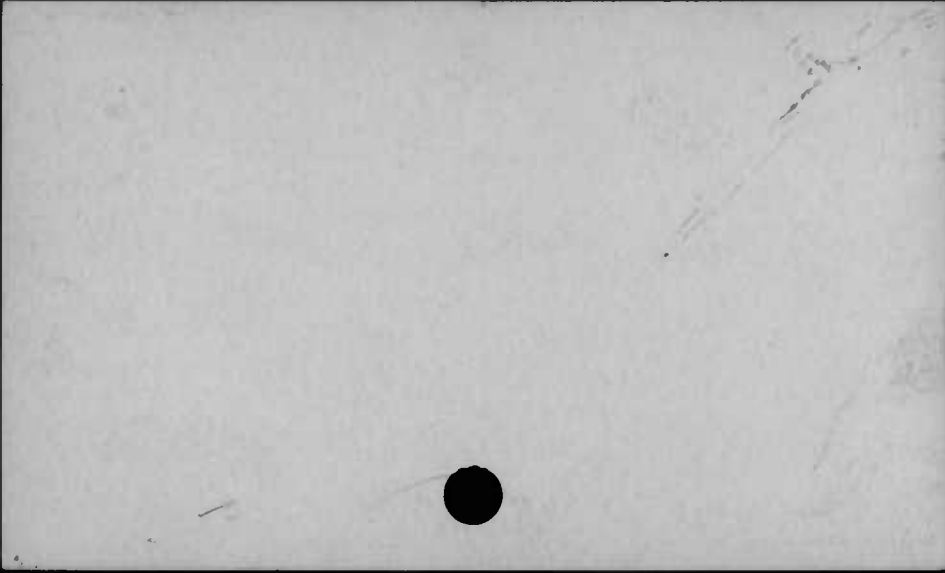
Reported by

V. F. Pa...

Address

Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died, at <i>Berwyn</i> Town		<i>Prine Geo.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>apl.</i>	Day <i>3</i>	Age <i>50</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Georgia</i>		
Married, Single or Widowed <i>married</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Clements</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>60</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Miss S Campbell</i>
	Address <i>#319 F. St. S. A.</i>
Accident or Suicide?	



Name
in
Full

Robert

CERTIFICATE OF DEATH

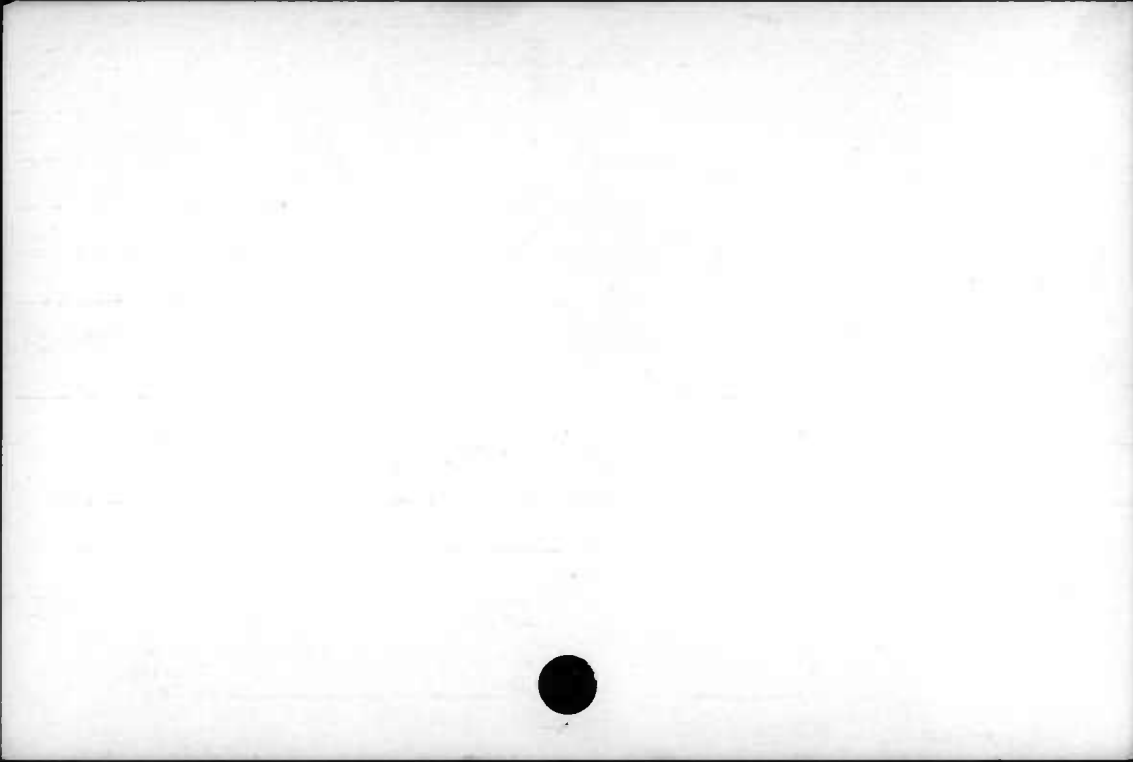
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Upper Marlboro</u> ^{town}		<u>P. G.</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>P. G. Co</u>		Days <u>3</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph Robert</u>			Father's Birthplace <u>P. G. Co. Ind</u>		
Mother's Maiden Name <u>Margie Wilson</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Joseph Robert</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Don't Know</u>	How long <u>Don't Know</u>
Immediate <u>" "</u>	How long <u>Since born</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph Robert, Father</u>
<u>Yes</u>	Address <u>Upper Marlboro</u>
Accident or Suicide?	<u>Transfard.</u>



Name
in
Full

Hester Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville			^{County} Prince George			MARYLAND		
Date of death 1903		Month April	Day 4	Age 38		Years —		Months —
Sex Female		Color or Race Colored		Birth-place Maryland				
Married, Single or Widowed Married				Occupation Housewife				
Name of Wife or Husband James Coleman								
Father's Name Thomas Shepherd						Fether's Birthplace Maryland		
Mother's Maiden Name Louisa Sims						Mother's Birthplace "		
Name of person giving information James Coleman						How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congestion of the lungs		How long One hour
Immediate Apnoea 95		How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. R. Walker M. D.
		Address Mitchellville Md.
Accident or Suicide?		X



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Name in Full

Certificate of Death

Irma Hudson Cooper

Died at

Town
Laurel

County
P. & O.

• MARYLAND

Date 19

03

Month

Day

Apr. 20

Y.

M.

D.

Age

24.9.11-

Native of

U.S.

Occupation

H. W.~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

5-~~Husband~~

of

Edward Cooper

Wife

Father's

Name

John Hudson

Mother's

Maiden Name

Lizzie Hudson

Cause of

Primary

Pulmonary Tuberculosis

How long sick

4 Mo

Death

Immediate

Accident; Suicide, Homicide

Reported by

J. R. Smith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76808



Name
in
Full

Edward Corner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rivendale</i> ^{Town}		<i>Prince</i> ^{County} <i>George's</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>6th</i>	Age <i>62</i>	Years <i>4</i>	Months <i>4</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Fairlight Sussex, England</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Merchant</i>				
Name of Wife or Husband <i>Elizabeth T. Corner</i>					
Father's Name <i>John Corner</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Mary Baker</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Wm. B. Sewer</i>			How related to deceased <i>Son in law</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Cancer of Stomach</i>	How long <i>50</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richardson</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide?	

Phula delphin

Name in Full

Certificate of Death

Mary Virginia Day

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

April 16

Age 32

~ ~

Va.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79994



Name in Full

Certificate of Death

Infant, unnamed

Town

County

MARYLAND

Died at

Cedarville

Prince George

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

April 28

Age

3

ma

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Dent 151

Mother's

Name

Louise Slye

Cause of

Primary

Cold - Sick from

How long sick

3 days

Death

Immediate

Birth, and infected

Accident, Suicide, Homicide

Reported by

John Dent

Undertaker

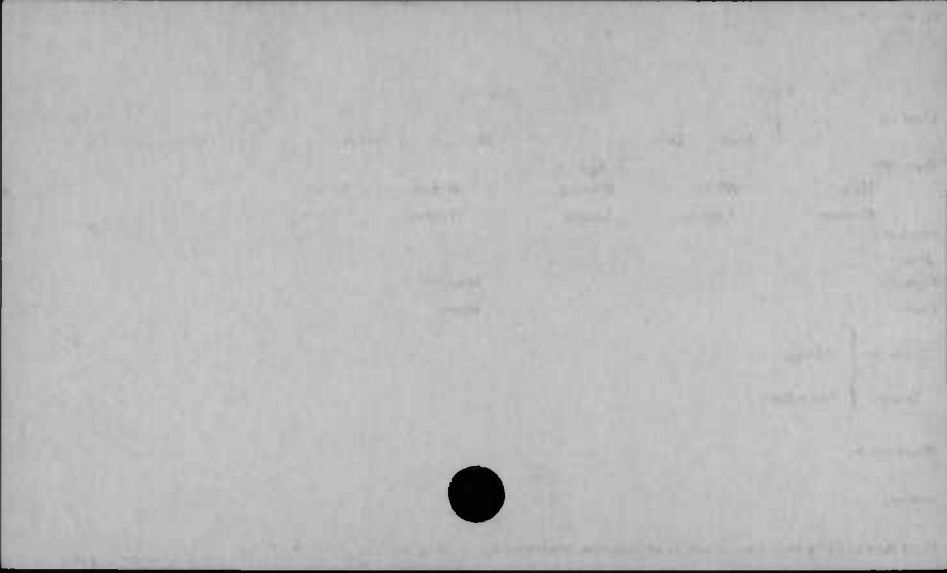
Address

Cedarville

any land

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

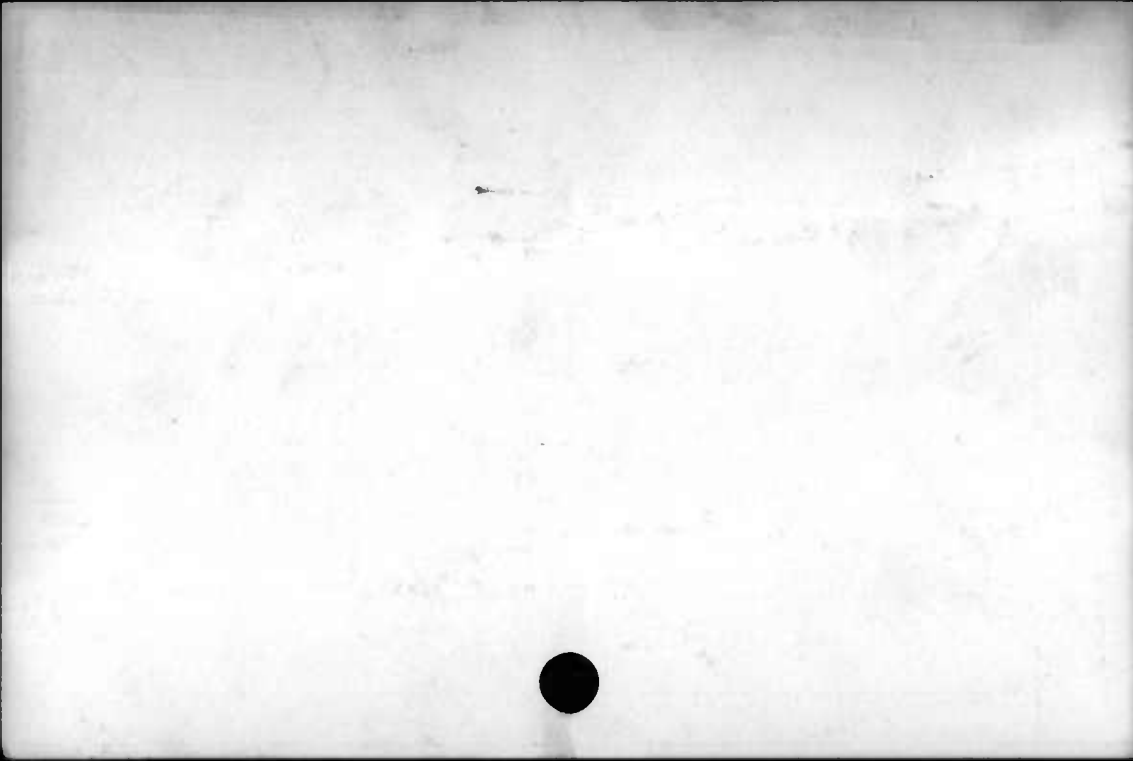
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northampton</i> Town		<i>Ch Geo</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>12</i>	Age <i>3</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Ethiopian</i>		Birth-place <i>Northampton</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name <i>Frank Dent</i>			Father's Birthplace <i>Ch Geo</i>		
Mother's Maiden Name <i>Emma Diggs</i>			Mother's Birthplace " " "		
Name of person giving information <i>Maud Diggs</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Severely burned</i>	How long	<i>167</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Craven and</i>	
Accident or Suicide? <i>Accident</i>		<i>X</i>	



Name
in
Full

Phillip Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halls</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Apr</i>	Day <i>10</i>	Age <i>70 (?)</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Halls</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farm-hand</i>				
Name of Wife or Husband <i>Henrietta Diggs</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Halls</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Alexander Diggs</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease 120</i>	How long <i>Several years</i>
Immediate <i>Failure Right Heart</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maclane Cawood</i>
<i>Yes</i>	Address <i>Halls, Prince Geo., Co., Md.</i>
Accident or Suicide?	<i>X</i>



Name
in
Full

Still Born

CERTIFICATE OF DEATH

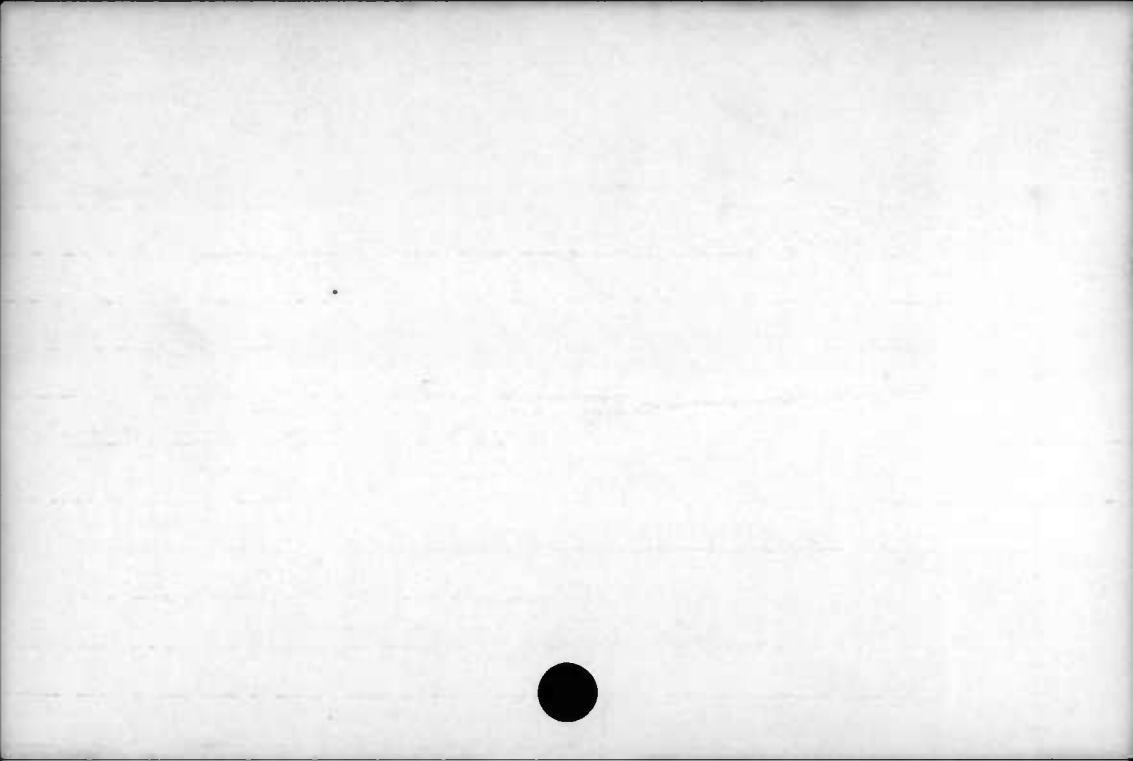
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Collington		Prince George					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Apr	29					
Sex	Female		Color or Race	Colored		Birth-place	Collington Md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Driver				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Ida Brewer				..			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate	Still Born	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Walker M.D.
		Address	Mitchellville, Md
Accident or Suicide?			



Name in Full

Certificate of Death

William Fink

Town

County

Died at

MARYLAND

Date

Month

Day

Y

M.

D.

Native of

Occupation

1903

April 13

Age

7

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still Born, - - Nameless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

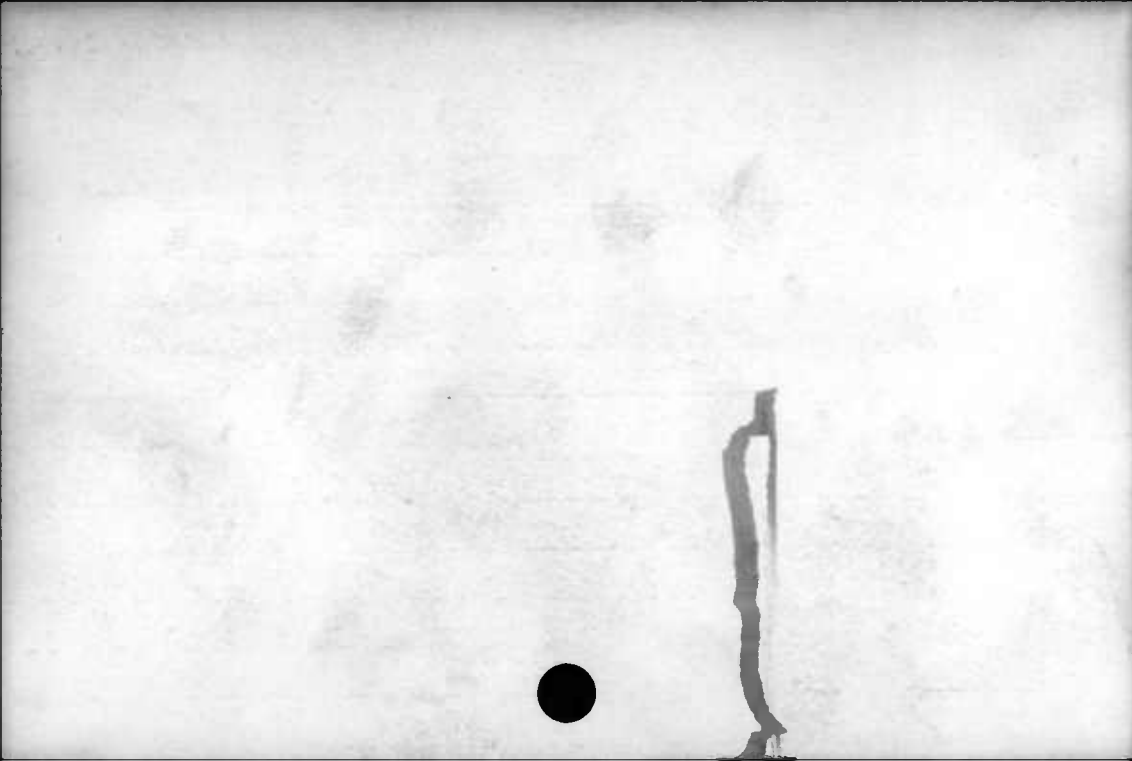
MARYLAND

Died at		Town		County			
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Strangulation during delivery	How long	1/2 hour
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. P. Simpson MD	
		Address	
		Rosecroft Md	
Accident or Suicide?			
Accident-			



Sarah Garrison

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April

19

Age 62

-

-

Va.

None.

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Three

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Honey

Don't know

Cause of

Primary

How long sick

Death

Immediate

Killed by Electric cars

Accident, Suicide, Homicide

Reported by

Alexandria Sakas I.P.

Address

Hyattsville M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anita Gray

Town

County

Died at

Aquasco

Prince George

MARYLAND

Date 19

03

Month

April

Day

30

Y.

M.

D.

Age

8

8

Native of

Maryland

Occupation

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Samuel Gray

Maiden Name

Mother's

Mattie Flanders

Cause of

Primary

Blow on abdomen. Inflammation
and abscess of bowels.

How long sick

2 months

Death

Immediate

Peritonitis-perforation-Collapse

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Wm. A. Marbury M.D.

Address

Aquasco, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Birdie Harris

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

apr

25

Age

66

Maryland

School

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Moses Harris

Mother's
Maiden Name

Sarah Ann Clegett

Cause of

Primary

Typhoid Fever

How long sick

59 days

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

Reported by

J. B. K. M.

Address

Hyattsville

Prince George's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lama Harris

CERTIFICATE OF DEATH

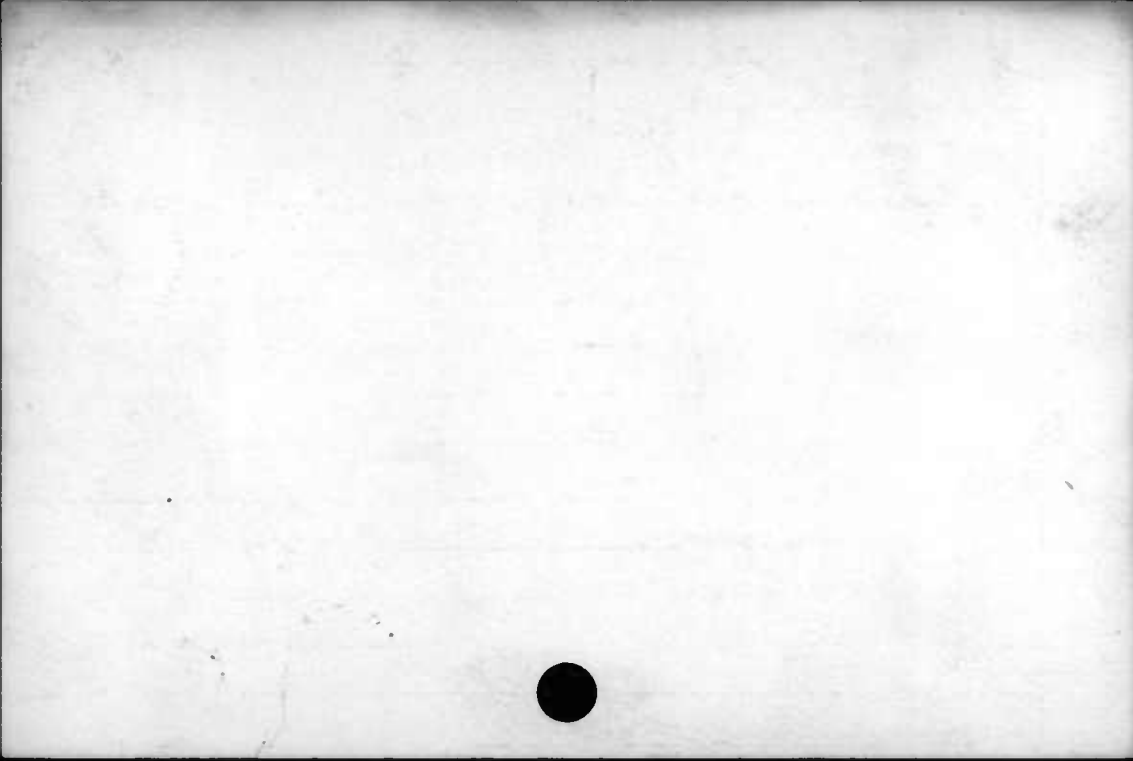
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxon Hill		County Pr Geo		MARYLAND	
Date of death 1903		Month 4	Day 9	Age 61		Years	Months Days
Sex Female		Color or Race White		Birth- place Penn.			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband				Harris			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			
Geo. W. Scollick				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngeal Tuberculosis	How long	6 yrs
Immediate	Exhaustion	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson	
Address		Rocroft. Md.	
Accident or Suicide?			



Name in Full		Charles Heaven				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
Accident or Suicide?								



Name
in
Full

Marzarah Harley Holton

CERTIFICATE OF DEATH

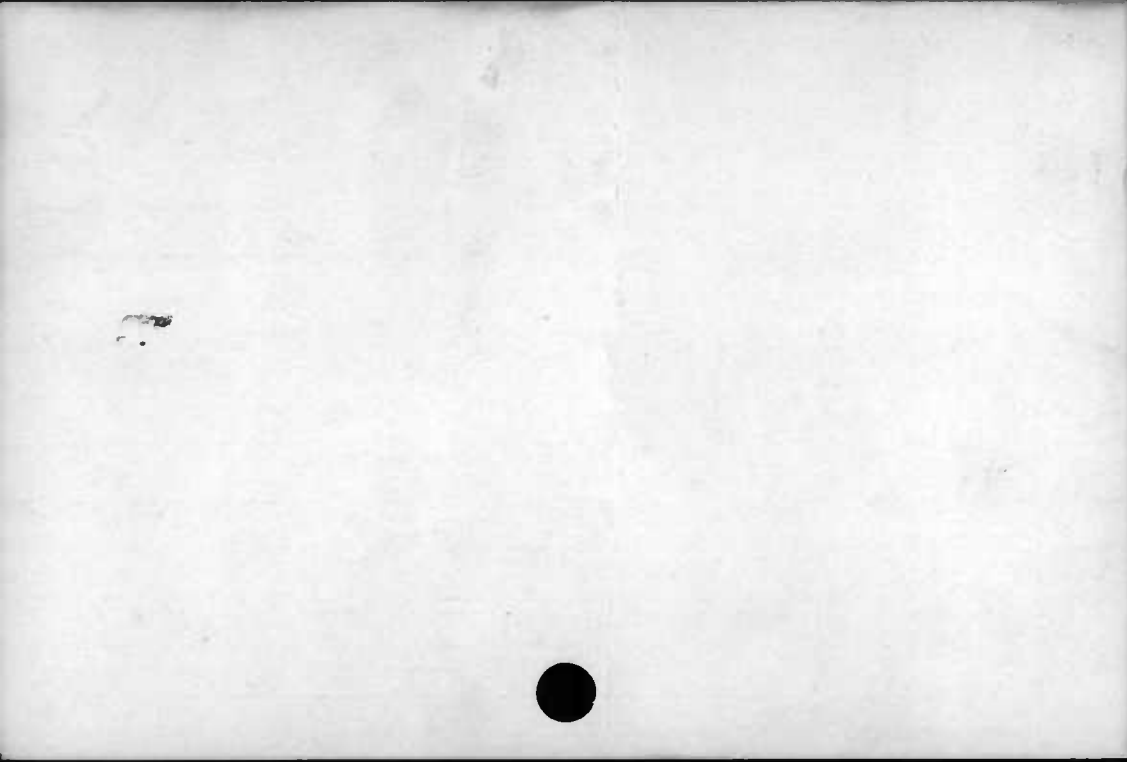
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> Town		County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>April</i> Day	<i>9</i> Age	<i>68</i> Years	<i>one</i> Month
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hyatts Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Seth A Holton</i>					
Father's Name <i>William P Shedd</i>			Father's Birthplace <i>Vermont</i>		
Mother's Maiden Name <i>Catherine McInnis</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Seth A Holton</i>			How related to deceased <i>Husband</i>		

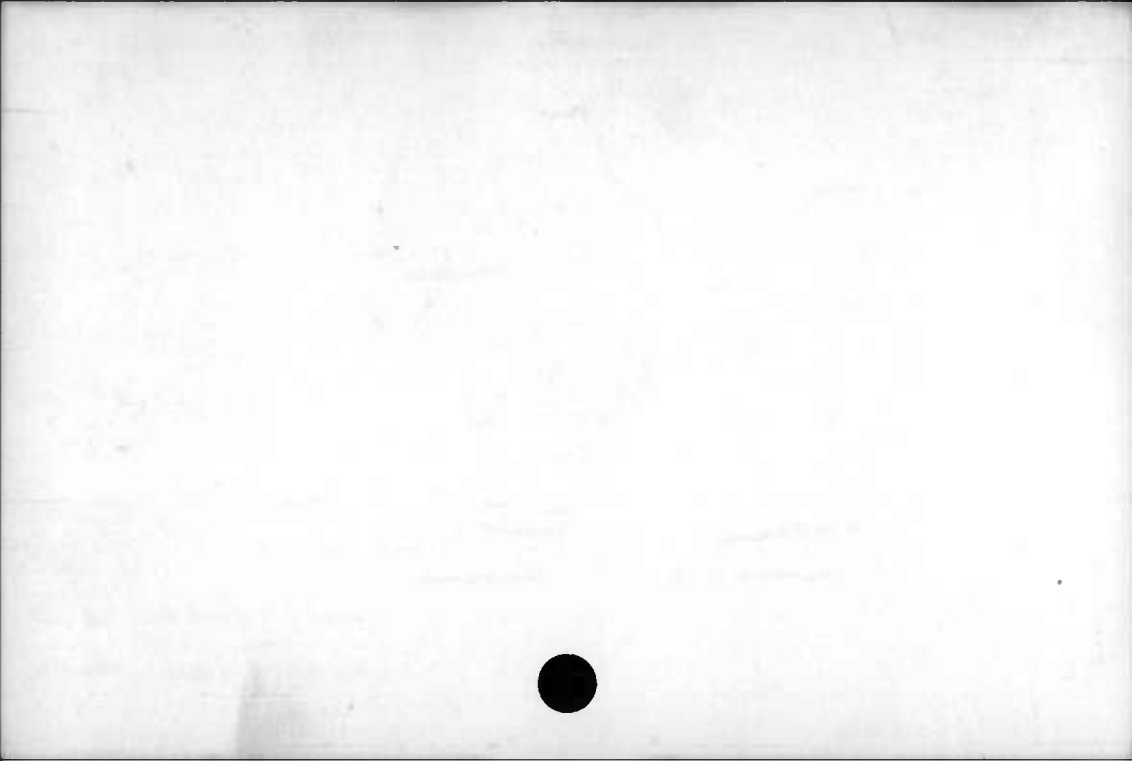
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastric Enteritis</i>	<i>106</i>	How long	<i>nine months</i>
Immediate	<i>Starvation</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Charles</i>	
			Address <i>Hyattsville</i>	
Accident or Suicide?				



Name in Full		Francis Jackson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rosaryville		County		Prince Georges	
	Date of death		1903	Month	April	Day	7	
	Age		23		Years		23	
	Sex		Male		Color or Race		Colored	
	Birth-place		Rosaryville Md					
	Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband								
Father's Name				John Jackson				
Mother's Maiden Name				Hennie Wood				
Name of person giving information				Joseph Robinson				
Father's Birthplace				P. G. Co				
Mother's Birthplace				P. G. Co				
How related to deceased				Brother in Law				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				Pulmonary Phthisis			
	How long				3 years			
	Immediate				G. Houston			
	How long				Short time			
	Are the name, age, sex, color, date and place correctly given above?				Yes			
Signature of Physician				W. H. Gibbons				
Address				Croom Md				
Accident or Suicide?								



Name
in
Full

George William Jackson

CERTIFICATE OF DEATH

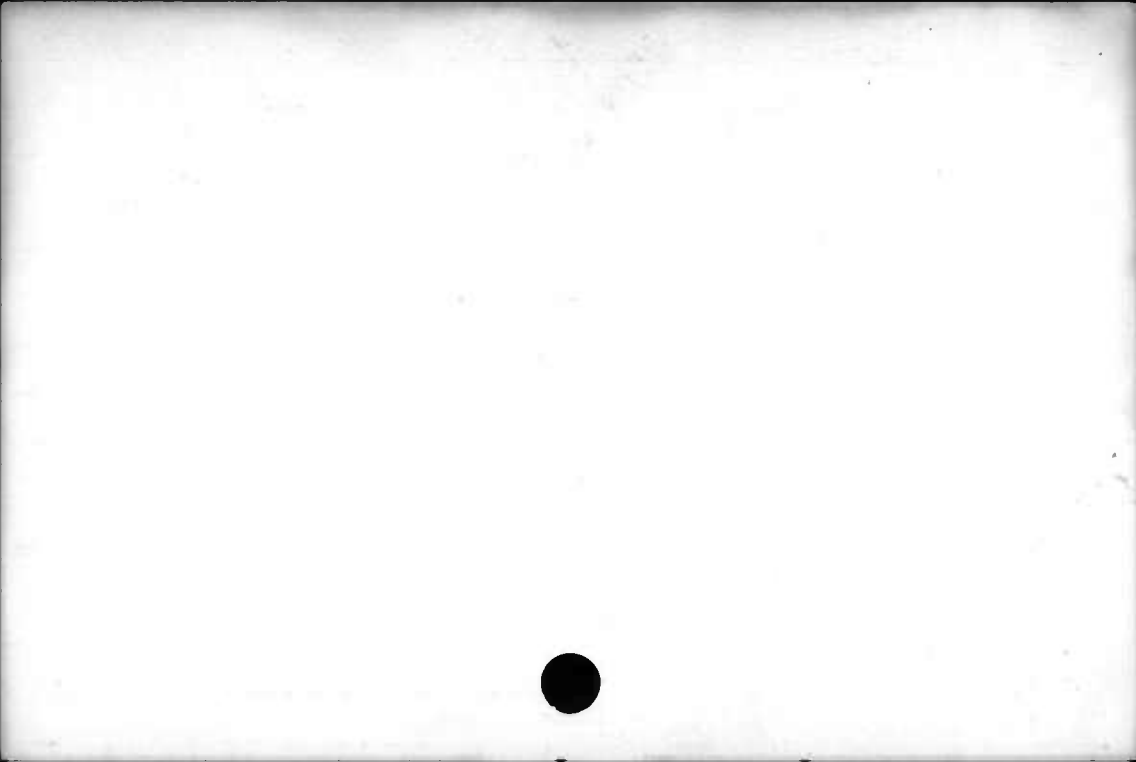
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hecoruck</i>		County <i>Prine George</i>		MARYLAND	
Date of death 190	3	Month <i>11</i>	Day <i>20</i>	Age	Years <i>73</i>	Months <i>-</i>	Days <i>-</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>New York</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>-</i>
Name of Wife or Husband	<i>Mary Holmes</i>						
Father's Name	<i>- -</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation	<i>Mary Jackson</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis 104</i>	How long	<i>3 y 10</i>
Immediate	<i>Cardiac Attenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Harry Kelley M.D.</i>
		Address	<i>Princeton, Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

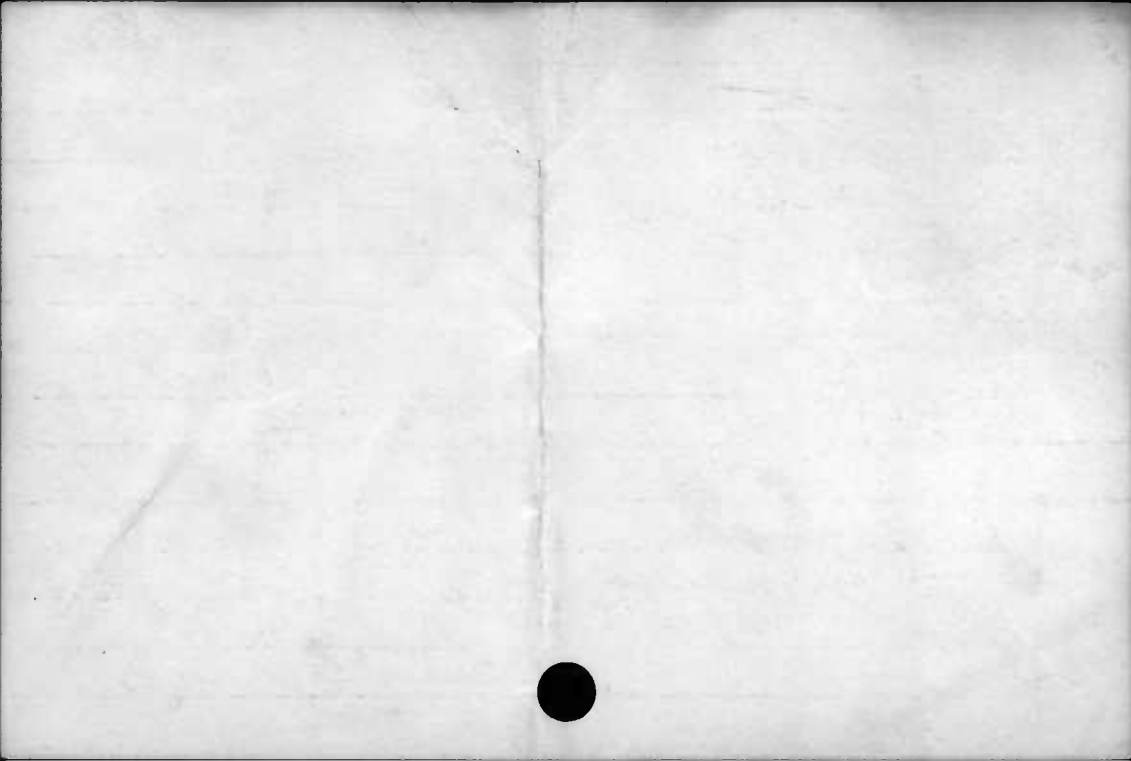
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Biscataway</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>27</i>	Age <i>50</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House-wife</i>			
Name of Wife or Husband <i>Samis Johnson</i>					
Father's Name <i>Melton Selaney</i>			Father's Birthplace <i>Chas.-Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Samis Johnson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>3 yrs.</i>
Immediate	<i>bat</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Hurtt.</i>	
		Address <i>Biscataway - Md.</i>	
Accident or Suicide?			



Name
in
Full

Dorothy Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurd</u> ^{Town}		<u>Prince</u> ^{County} <u>Georgia</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Apr</u>	Day <u>13</u>	Age <u>3</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Laurd</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>John Kaiser</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Lellie Willey</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>John Kaiser</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>one week</u>
Immediate <u>Pneumonia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Taylor</u>
	Address <u>Laurd Ind.</u>
Accident or Suicide? <u> </u>	



Name in Full

Certificate of Death

Adolph Kennell

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y

M.

D.

Native of

Occupation

4.

3

Age

-

4

-

Md

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Bronchitis - pneumonia

How long sick

One month

Death

Immediate

92

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Name in Full

Certificate of Death

William Wentworth Sexter

Died at Branchville Town Prince George's County MARYLAND

Date 1903 April 10 Y. M. D. Age 75.2 Native of Miss Occupation Lawyer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living Six (6)

Husband of Elizabeth W Sexter

Wife

Father's Name William Sexter Mother's Maiden Name Jane Wharton

Cause of Death Primary Paralysis Immediate Paralysis

How long sick about 2 years

Accident, Suicide, Homicide

Reported by C. A. Fox

Address Rutson's Man

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Virgie Mason

CERTIFICATE OF DEATH

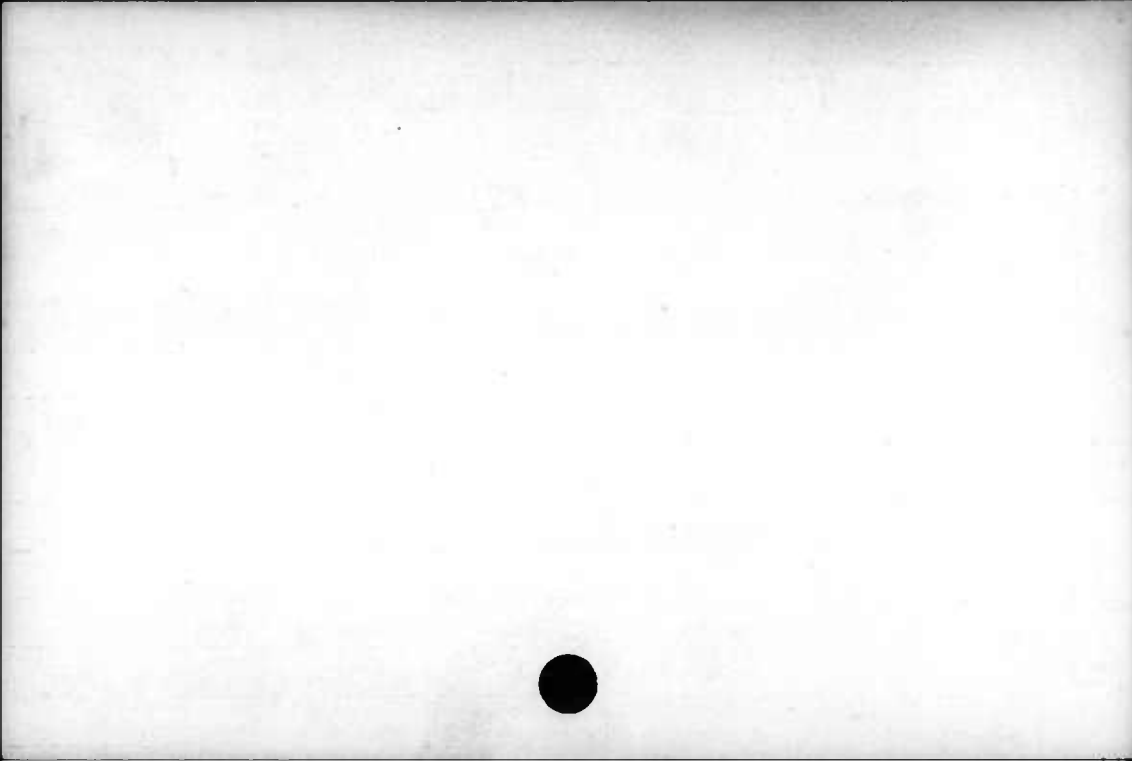
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Leland</u> <small>Town</small>		<u>P. G. Co</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>April</u> <small>Month</small>	<u>9</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>9</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth- place <u>P. G. Co</u>		Occupation <u>—</u>	
Married, Single or Widowed <u>—</u>					
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Mason</u>			Father's Birthplace <u>St. Marys Co</u>		
Mother's Maiden Name <u>Rachel Brooks</u>			Mother's Birthplace <u>P. G. Co</u>		
Name of person giving In formation <u>John Mason</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't know</u>	How long	<u>Since Birth</u>
Immediate	<u>Don't know</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address <u>John Mason, Father, Upper Marlboro, Md.</u>	
Accident or Suicide?			



Name
in
Full

John Francis Munson

CERTIFICATE OF DEATH

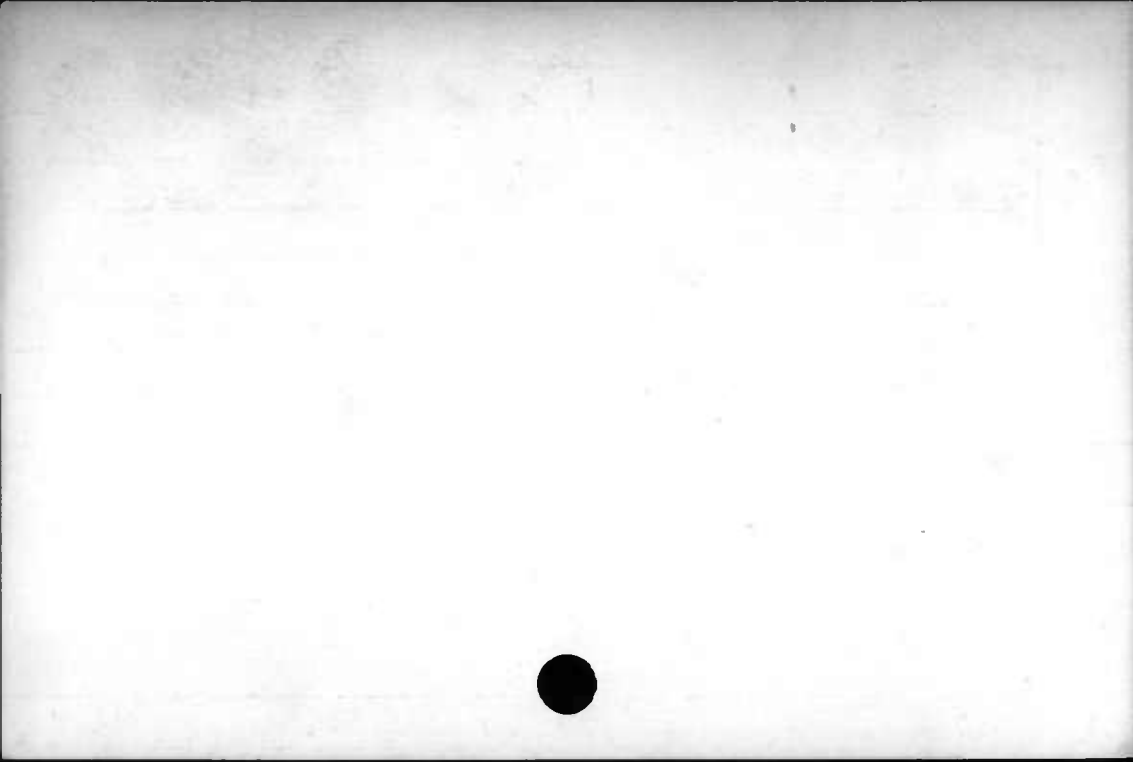
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Seabrook</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190	3	Month <i>4</i>	Day <i>16</i>	Age <i>-</i>	Years <i>-</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Prince Georges</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>John Munson</i>				Father's Birthplace <i>Prince Georges</i>			
Mother's Maiden Name <i>Maggie Munson</i>				Mother's Birthplace <i>Ches. Co.</i>			
Name of person giving Information <i>Maggie Munson</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Congestion</i>		How long <i>3 days</i>
Immediate <i>95</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harry Kelley</i>
		Address <i>Princetown Rd</i>
Accident or Suicide?		



Name
in
Full

Mark D. Nell

CERTIFICATE OF DEATH

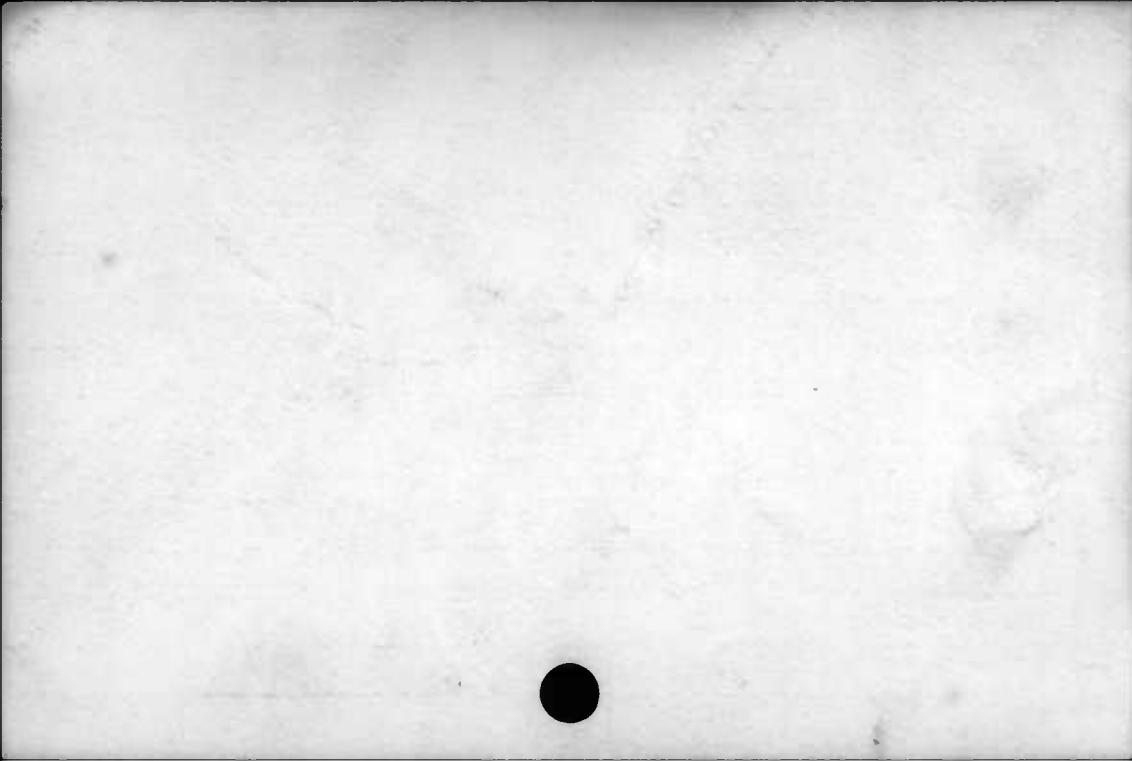
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seeland</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>April</u> <small>Day</small>	<u>8</u> <small>Years</small>	Age <u>58</u>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>	Birth-place <u>England</u>			
Married, Single <u>Widowed</u>		Occupation <u>Farm Hand</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Greibury, Sweeney</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>64</u>
Immediate <u>Cerebral hemorrhage</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Maclane Cawood, M.D.</u>
<u>yes</u>	Address <u>Halls, P.O. Co., Maryland</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Nichols</i>		Town <i>Forestville</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Forestville</i>		Date of death 1903		Month <i>Apr</i>		Day <i>15</i>	
Age <i>5</i>		Years <i>—</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Thomas Nichols</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rachel A Smith</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Thomas Nichols</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>all his life</i>
Immediate	<i>Pulmonary Embolism</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<i>John E. Crumby</i>	
Address		<i>Forestville Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

George September Rely

Town

County

Laurel

Prince George's

MARYLAND

Died at

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 15

Age

-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

H. S. Rely

Mother's

Maiden Name

Lucinda E. Broun

Cause of

Primary

Died from

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. A. Fox M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79903



Name in Full

Certificate of Death

Carrie Elizabeth Shelton
 Town County

Died at Lanham Pr Geo

MARYLAND

Date 1903 April 27
 Month Day Y. M. D.
 Age 2
 Native of Pr Geo Co
 Occupation
 Male White Married Widowed
 Female Colored Single Widower
 Number of children living

Husband of
 Wife

Father's Name Noble Shelton

Mother's Maiden Name Jane Carroll

Cause of Death { Primary Immediate Pneumonia 93
 How long sick Month
 Accident, Suicide, Homicide

Reported by Rev A E Spielman

Address Lanham Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Aphalon S Kinner

Died ^{Town} near Aquasco ^{County} Prince George MARYLAND

Date 1903 ^{Month} April ^{Day} 17 ^{Y.} 2 ^{M.} 7 ^{D.} ^{Native of} Maryland ^{Occupation} None

Male—

White

Married

Widow—

Divorced

Female

Colored

Single

Widower—

Number of children living

Husband of

Wife—

Father's Name Daniel S Kinner Mother's Name Louisa Butler

Cause of ^{Primary} Extensive burns How long sick 22 days

Death ^{Immediate} Convulsions 167 Accident, ~~Suicide~~, Homicide

Reported by Wm A. Marbury M.D.

Address Aquasco, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Everett Sweeney

CERTIFICATE OF DEATH

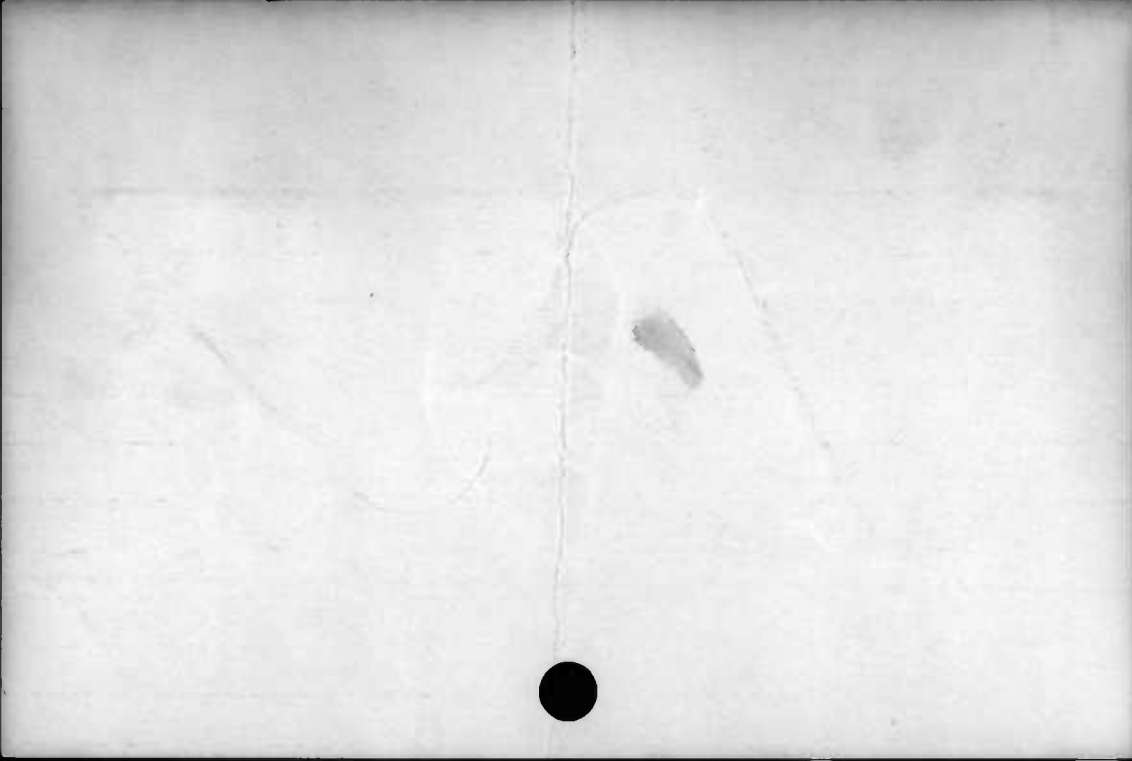
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seeland</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month} <u>Apr</u>	<u>25</u> ^{Day}	<u>9</u> ^{Years}	<u>9</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Caucasian</u>	Birth- place	<u>Seeland</u>
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Geo. W. Sweeney</u>			Father's Birthplace <u>Prince Geo Co</u>		
Mother's Maiden Name <u>Martha E. Cook</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving in formation <u>Geo. W. Sweeney</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Measles</u>	How long	<u>9 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Maclane Bayard, MD</u>	
<u>yes</u>		Address <u>Halls</u>	
Accident or Suicide?		<u>Prince George Co, Md</u>	



Name In Full

Certificate of Death

Wm. T. Turner

Town

County

Died at

Landover

Prince Georges County

MARYLAND

Date 1903

Month Day
Apr 22

Age

Y. M. D.
1-1

Native of

Md

Occupation

—

Male

~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Chas. Bowser

Mother's

Maiden Name

Lizza Turner

Cause of

Primary

whooping Cough

How long sick

one month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Augustus H. Dahler Jr. R.

Address

Bladensburg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

80.00
23-
40
40

116.50
40
40.50

Name in Full

Certificate of Death

Lottie Green

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 8

Age

9 -

Ma

Child

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

—

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Joshua Green

Rachael Wheeler

Cause of

Primary

Drowned

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. A. Fox

Address

Broom

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805



Frances R. Vangewder

Town

County

Died at

Riverdale

Prince George

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 23

Age

40

-

-

Maryland Housewife

Female

White

Married

~~Widow~~

Divorced

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Death

Frank Vangewder

Benj O. Pyles

Mother's

Name

Lena Pyles

Primary

Pneumonia

Immediate

How long sick

Six days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Nelson Vermillion				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death 1903		Month		Day		Years	
Sex		Color or Race		Birth-place		Months	
Married, Single or Widowed		Occupation		Days			
Name of Wife or Husband		Single		Carpenter			
Father's Name		John Vermillion		Father's Birthplace		Maryland	
Mother's Maiden Name		Don't know		Mother's Birthplace		Don't know	
Name of person giving information		Thomas Beall		How related to deceased		nephew	
CAUSES OF DEATH							
Primary		Pulmonary Tuberculosis		How long		one year	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Nelson A Ryan M.D.			
		Address		Bowie			
Accident or Suicide?				md			



Name In Full

Certificate of Death

Minnie Walters

own

County

Laurel

Pr Geo

MARYLAND

Died at

Date 1903 Apr. 27 | Age 10 | Y. M. D. | Native of U.S. | Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living 2

Husband of

Wm Walters.

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

Heart Disease

How long sick

3 mo -

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

J. R. Smith.

Address

Laurel

210

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Isabella A Whitworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Geo		MARYLAND							
Date of death 1903		Month Apr		Day 25		Age 91		Years —		Months —		Days —	
Sex female		Color or Race white		Birth- place Md.									
Married, Single or Widowed widowed		Occupation seam											
Name of Wife or Husband Richard Whitworth													
Father's Name Charles E. Willoughby		Father's Birthplace Md.											
Mother's Maiden Name Ann Sappington		Mother's Birthplace Md.											
Name of person giving Information Mrs Thos. W. Young		How related to deceased Son-in-law											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senility - 15		How long Several Years	
Immediate Undetermined		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. F. Taylor	
		Address Laurel Md.	
Accident or Suicide?			

~~Funeral at home~~ at 1 ³⁰ P.M. Monday
~~Leave on 157 train~~

Name
in
Full

Mary Ann Whitworth

CERTIFICATE OF DEATH

Died at		Town Laurel		County Prince Geo		MARYLAND	
Date of death 190		3	Month Apr	Day 24	Age 67	Months —	Days —
Sex female		Color or Race white		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Richard Whitworth				Father's Birthplace England			
Mother's Maiden Name Isabella Willoughby				Mother's Birthplace Balto.			
Name of person giving In formation Thos. Jaring				How related to deceased Brother-in-law			

CAUSES OF DEATH

Primary	Tuberculosis	How long	20 yrs.
Immediate	Acute Bronchitis	How long	a few days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			



Amelia Wilson

Town

County

Died at

Bright Seat

P. Geo.

MARYLAND

Date

1903. Apr. 24

Age

33

Y.

M.

D.

(Native of

Occupation

Ind.

Housewife

Male

Month

Day

Married

Widow

Divorced

—

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

James Wilson
John Allen

Mother's

Name

Matilda Allen

Cause of

Primary

Peritonitis

Death

Immediate

Exhaustion

How long sick

a week

Accident, Suicide, Homicide

Reported by

L. S. Savage M.D.

Address

Baltimore D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William H. Gibson
 Town County
 Died at Bright Beat P. George MARYLAND
 Date 1903 Apr. 23 Y. 72 M. D. Nat. of Ind. Occupation Farmer
 Male White Married Widowed Divorced Number of children living none
 Female Colored Single Widower

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

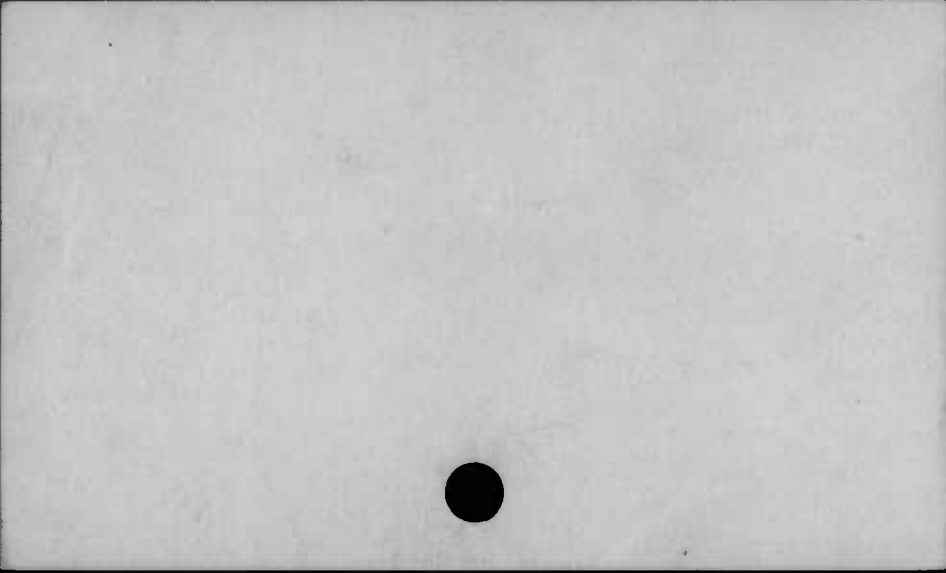
Accident, Suicide, Homicide

Reported by

Address

L. S. Garcel
 Benning D. Co.

LIBRARY BUREAU. 79829



Name
in
Full

Marny R Windsor

CERTIFICATE OF DEATH

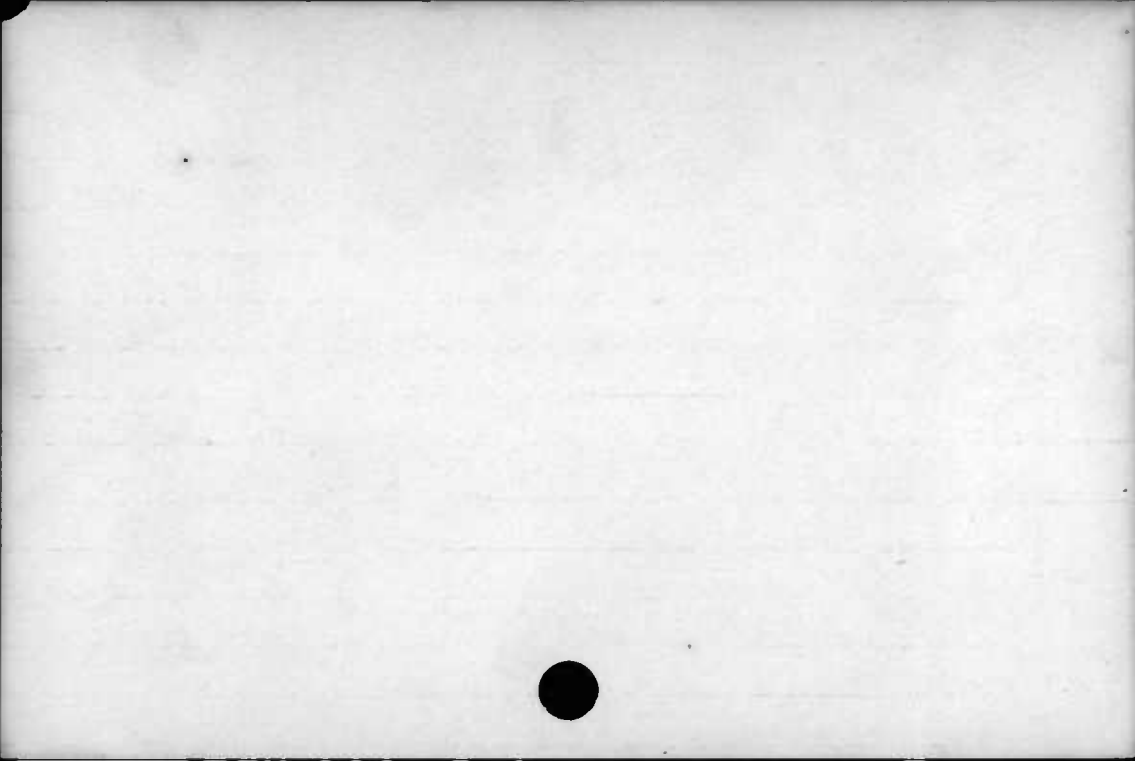
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nottingham</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death 1903	<i>Apr</i> Month	<i>9</i> Day	Age Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Nottingham</i>		
Married, Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband <i>Mrs Ida Windsor</i>					
Father's Name <i>Clarence Windsor</i>			Father's Birthplace <i>Pr Geo Co</i>		
Mother's Maiden Name <i>Ida Windsor</i>			Mother's Birthplace " " "		
Name of person giving In formation <i>Rena Harper</i>			How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Spasms</i>	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R H McKen Sub</i>
	Address <i>Nottingham Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Pearl Marie Windsor

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

April

13

Age

Y.

M.

D.

3 24

Native of

Maryland

Occupation

—

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Richard Windsor

Mother's

Rosa Windsor

Maiden Name

Rosa Hutchinson

Cause of

Primary

Measles

How long sick

9 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Maslane Cawood, M.D.

Address

Halls, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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